

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 136

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bill Harshbarger

Mailing Address W301 N 3252 Windrush Cir

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
W Allis Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Transaction ID: C495527

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Brian Scott Hartfelder

Mailing Address 2980 Petal Brook Ct

City

Bay City

State

MI

Zip Code

48706-3081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Timberline Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: C495531

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Charles W W Henrichs, III

Mailing Address 800 N Justice St

City

Hendersonville

State

NC

Zip Code

28791-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hendersonville Emer Consu-  
ltant

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: C499289

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....